

DECD MAY 11 1939

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

14917  
Do not use this space.

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 318  
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 355  
 or  
 (c) City SPRINGFIELD (d) Street No. St Johns Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Bettie Louise Bacon
- (a) Residence, No. 7 St. tra Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11, 1939</u>		
7. AGE <u>17</u>	YEARS <u>Months</u>	DAYS <u>17</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>school</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>tra Mo.</u> <u>Douglas Ci.</u> 0	
	13. NAME <u>Joe Bacon Jr</u> 7	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Honolulu</u> 0	
	15. MAIDEN NAME <u>Lucia Livingston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>tra Mo.</u>	
17. INFORMANT <u>Joe Bacon Jr</u> (ADDRESS) <u>tra Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>tra Mo</u> DATE <u>4-28</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Chas a. George</u> <u>tra Mo</u>		
20. FILED <u>4-28-</u> 19 <u>39</u> <u>Chas a. George</u> M.D. 290 (Address) <u>Springfield, Mo</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939

22. I HEREBY CERTIFY, that I attended deceased from 4-27- 1939, to 4-28-39, 1939.  
 I last saw her alive on 4-28-39, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Toscinia Unknown  
origin

Date of onset 4-26-39

Other contributory causes of importance: 51

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Urban Bussell, M. D.  
 (Address) Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

X